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CMA in Action

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THE FOLLOWING PAGES outline the action programs of the California Medical Association—in other words, what it *does*. Before commenting on these reports on current CMA activities and accomplishments, I believe it is pertinent to explore the question of what the California Medical Association *is*. Put in the most basic terms, CMA is an organization of California physicians. Inherent in this simple definition of an extremely complex association are a number of its unique organizational attributes:

- CMA's purpose is to safeguard and improve the health of Californians.
- CMA's structure is representative of physicians throughout the state—clinicians of all specialties, educators, researchers, administrators, solo and group practitioners.
- CMA's policies are determined by California's physicians.
- CMA's influence often extends to the entire country because of the dynamic California environment to which it creatively responds.

Each of these concepts bears closer examination.

Purpose

When a handful of family doctors founded a state medical association for California in 1856, they established a Constitutional purpose that continues to provide a solid basis for the activities carried on by today's CMA: "To promote the science and art of medicine, the protection of the public health, and the betterment of the medical profession." In that purpose, the present-day California physician recognizes his growing responsibility to lead the way in solving health problems facing the public, and through his local medical society and the California Medical Association, he is meeting this obligation; and CMA also is meeting the needs of the individual physician by helping to shape and maintain an environment in which he can render the highest possible quality of medical care to his patients.

Structure and Policy-making

The 25,000-member California Medical Association is composed of the members of 40 component county medical societies.

CMA policies are established democratically either by action of its House of Delegates or the Council. Membership of both the House and the Council is determined by elections at the local level throughout the State.

The House of Delegates, CMA's major policy-making body, meets annually to consider resolutions and reports of the Council, Commissions and Committees. The House consists of more than 300 member physicians who have been elected by the members of component societies. Each society has proportionate representation with a minimum of two delegates. Last year alone, the CMA House of Delegates established policy in some 200 vital fields.

The 31-member Council acts on policy matters in the period between meetings of the House of Delegates. The Council consists of officers who are elected by the House and of councilors elected by their districts, with this election confirmed at the House of Delegates annual meeting. Again,

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representation is proportionate, with each Councilor District being entitled to at least one councilor. The Chairman of the Scientific Board and the Editor of CALIFORNIA MEDICINE are also key members of the Council. The Council meets approximately every eight weeks and often takes action on more than fifty separate issues during each of these deliberative sessions which usually last seven or eight hours.

Any CMA member may bring his thoughts to bear on formulation of CMA policy decisions. Policy recommendations for the House of Delegates are presented in the form of resolutions, which may be introduced by a county society delegation or by individual delegates (on their own behalf or on behalf of their colleagues). There are numerous channels through which recommendations for policy decisions can be brought to the attention of the Council. The most common is for CMA's hard-working Commissions or Committees to determine that an action should be taken in their respective subject areas (legislation, communications, community health, scientific and educational matters and the like) and to submit a formal written report to the Council containing specific recommendations. Recommendations for action also may be brought to the attention of the Council by a member or a county medical society through individual correspondence to his district Councilor, the chairman of the Council, the president or the chairman of a Commission or Committee. In addition, allied health organizations may request the Council to consider subjects for action. Both in formulating and in implementing policy, CMA maintains active liaison with more than 75 other health-related organizations, plus the myriad state and federal governmental bodies concerned with health.

CMA's 85 Commissions and Committees deserve special recognition. Appointed from lists of candidates submitted by local societies, they not only study and make recommendations on countless vital issues, but also implement policy directives of the House and Council with the assistance of the CMA staff. Some 1,000 physicians—one out of every 25 CMA members—is involved in Commission or Committee work. Nearly every day of the year at least one CMA committee is meeting somewhere in the state. An estimated 15,000 physician-hours are voluntarily committed to these working sessions annually. The work of CMA committees has written much of medicine's history in the state. These committees, and comparable county medical society committees, offer individual physicians the best opportunity to serve the profession and the public beyond their patient care responsibilities.

Influence

The review of activities and accomplishments which appears in the following pages reveals that CMA programs often become prototypes for the nation. In many ways, California acts as a representative cross section of the nation as a whole. Perhaps more than any other state's, California's population represents virtually every section of the country, every social and political view, and every economic level and ethnic background. And that population, which already accounts for one-tenth of the U.S. total, is growing at an astounding rate. It is estimated that California's population will reach 40 million by the year 2000—more than doubling by the end of the century. It is not surprising, then, that health care challenges, like other challenges, often come into focus first in California. CMA's pattern of constructive leadership in anticipating and developing solutions to these challenges has placed it in the forefront.

There is one factor which perhaps more than any other accounts for the continuing strength and influence of the California Medical Association. In spite of increasing social, economic and political challenges, CMA has never lost sight of its basic identity as a *scientific* organization. Its fundamental concern and unique area of expertise is the science and art of medicine—making sick people well and keeping them healthy. When CMA brings its influence to bear on public opinion and public policy-making, its scientific commitment and knowledge is the foundation upon which its credibility rests.

In an era of increasing computerization and depersonalization, CMA as an organization has not forgotten what its individual members will always know: that any "system" of medical care must be judged by the effect it has on the *art* of medicine, that medical care is given to a patient—to one human being at a time by another human being whose training and concern make him a healer.

In view of the foregoing, it seems appropriate that Chapter I of "CMA in Action" should outline the Association's scientific and educational accomplishments. In this chapter, the unprecedented work of CMA's Scientific Board is highlighted, with special emphasis on its programs

which certify physicians' accomplishments in post-graduate education.

Chapter II deals with the highly inter-related activities of CMA in "Safeguarding Quality of Care." The association's many-faceted peer review program is far from new, but with the advent of PSRO's (Professional Standards Review Organizations) mandated by federal statute, CMA's growing record of accomplishments in professional self-evaluation and control is particularly relevant.

Chapter III, "Government Advocacy," describes CMA's effectiveness in bringing Medicine's views to bear on health care legislation at both the state and national level. It also covers the association's expanding advisory role in relation to administrative agencies at both levels. In addition, this chapter deals with the vital activities of the California Medical Political Action Committee (CALPAC), through which physicians and others actively support state and federal political candidates who are constructively concerned about the delivery of quality medical care.

"Improving the Availability of Care" is the subject of Chapter IV, which covers CMA's views and efforts in several important areas of concern to the public and the profession: cost of care, health manpower distribution, and national health insurance.

Chapter V brings into focus the wide variety of CMA activities which attempt to deal with health at its most basic level—the attitudes, knowledge, life-style and living conditions which ultimately have a far greater influence on the total health of an individual than the medical care he receives once he is sick. In this chapter, entitled "Shaping a Healthier Environment," CMA's growing concern with social needs (which often result in medical needs) is explored.

Chapter VI, "Serving the Membership," concentrates on the CMA services which directly benefit the individual member, as contrasted with the association's programs as a whole, which serve both the profession and the public. Included in this chapter are CMA's efforts to relieve the professional liability problems which face physicians.

The final chapter, entitled "Planning and Evaluation," covers the means by which the association anticipates problems, sets its goals, channels its resources into well-defined fields of long-term commitment and constantly re-examines its organizational effectiveness.

CHAPTER I

Advancing the Science and Art

Since its inception more than one hundred years ago, the California Medical Association has been committed to the furtherance of scientific medicine and the promotion of increasingly effective patient care. In the last two decades, however, a number of factors—including the swelling involvement of government and other third parties in the health care arena—stimulated CMA to direct its attention more and more toward the socio-economic aspects of health care. This activity has been necessary and productive, as subsequent chapters of this article will relate. But early in the 1960's CMA's leadership recognized that the association's growing strength in socio-economics must not be allowed to threaten its stature as a scientific organization and that, in fact, CMA's pre-eminence as an authority in the "art and science of medicine" is the real basis for its ability to speak authoritatively to the public on vital issues concerning the ways in which health care should be organized and financed.

Consequently in 1961, the Council established a "blue ribbon" committee to study this problem and recommend appropriate action. Led by Doctor Dwight L. Wilbur, former editor of CALIFORNIA MEDICINE, the committee formulated a comprehensive set of recommendations designed to strengthen and formalize all scientific and educational activities carried on by CMA, so that these activities would not be gradually eclipsed by socio-ecnomic concerns, and CMA would maintain the scientific eminence necessary if it is to speak effectively for medicine in California.

The Scientific Board

In 1963 the Wilbur Committee's report gave birth to a unique organizational entity among state medical associations: CMA's Scientific Board. During the past ten years, the Board has made increasingly dramatic strides in developing, coordinating and strengthening the scientific and educational activities of CMA, drawing together all medical scientific organizations in California in mutual cooperation.

The Board's carefully designed structure has been instrumental in its success. Membership in CMA automatically qualifies a physician as a member of one of the association's Scientific Sec-

tions, which include: Allergy, Anesthesiology, Chest Diseases, Dermatology, General and Family Practice, General Surgery, Industrial Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Ophthalmology, Orthopedics, Otolaryngology, Pathology, Pediatrics, Physical Medicine and Rehabilitation, Plastic Surgery, Preventive Medicine and Public Health, Psychiatry, Radiology, and Urology. The Scientific Board is composed of 42 members selected from nominations by these 21 scientific sections and 16 recognized specialty societies. Thus, the Board draws together elements that otherwise might tend to be divergent or even at cross purposes.

As the contributions of the Scientific Board have become increasingly visible, CMA leaders have given it an increasingly influential role to play in the overall policy-making functions of the association.

The Chairman of the Scientific Board now sits as a voting member of both the Council and the House of Delegates. In addition, 21 members of the Board serve ex-officio as non-voting delegates to the House, and the remaining 21 members are alternates. Caucuses of the Scientific Board are held during the Annual Scientific Assembly (which meets in conjunction with the House of Delegates), so that resolutions coming before the House may be considered and recommendations made.

Throughout the year, 13 committees and 21 Advisory Panels—one for each Scientific Section—work under the direction of the Scientific Board.

The Advisory Panels

The first Advisory Panels were organized in 1968 to serve as a scientific and educational resource to CMA Scientific Sections. Since that time, all 21 panels have been activated and have expanded the scope of their activities so that they constitute an invaluable resource not only to CMA as a whole but also to other major health organizations in the state.

Each panel is composed of selected members of its Scientific Section of CMA, appropriate Scientific Board members, the principal officers of the scientific specialty society at the state level, and the chairman of the appropriate department of each of California's eight medical schools. More than 330 physicians are now involved in Advisory Panel work. By melding the expertise of the outstanding academicians and clinicians in a given specialty, the panels have brought into being a unique forum and have begun to reduce the fragmentation of the profession to a remarkable degree. Such involvement has drawn numerous prominent academic physicians to rejoin CMA after many years of lapsed membership. Interest in CMA's Advisory Panel structure has been widespread. Two years ago the AMA announced that it planned to have "Advisory Councils" to specialty sections by this year—patterned after the California model.

Among the many accomplishments of CMA's Advisory Panels are the following:

- Members of the Advisory Panels have developed a series of "Epitomes in Progress" which have been published monthly in CALIFORNIA MEDICINE. The series presents accepted recent advances in each field of medicine from this authoritative source in capsulated form. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of items of progress in a particular specialty which have recently achieved a substantial degree of acceptance—whether in his own field of special interest or another. Requests for reprints in unprecedented numbers attest both the value of the series and the expanding interest and readership of CALIFORNIA MEDICINE.
- Advisory Panels have recently begun responding to a new challenge: answering increasingly numerous requests for scientific opinions on medical practice questions posed to CMA by third party payers, local medical care foundations and others. By virtue of their composition, which brings together the foremost practitioners and scholars in a given specialty, the panels provide truly authoritative and representative opinion to bear on difficult questions such as classifying new procedures as experimental or acceptable medical practice.
- Advisory Panels provide the background materials for "Health Tips"—informational articles directed to the public and distributed in schools and elsewhere under the sponsorship of the California Medical Education and Research Foundation, a subsidiary of CMA. The Panels also review these public information articles in advance of their printing and distribution. No other organization in California—government or private—has at its disposal this caliber of broad scientific expertise underlying its health education efforts.
- Other important responsibilities undertaken by the Advisory Panels include: Advising the

Committee on Continuing Medical Education on specialized education sources and standards of credit for recognition of educational activities of specialty societies in the CMA Certification of Continuing Medical Education Program; considering scientific and educational elements of pending and projected legislation of mutual interest to CMA, specialty societies and medical schools, thus aiding the profession in achieving unity of position on a variety of subjects; assisting the Scientific Section officers in planning scientific programs of merit each year for CMA's Annual Scientific Assembly; and tackling special projects, such as the tremendous task of developing guidelines to help California physicians conform to the recent court decision on "informed consent."

Continuing Medical Education

Since 1934, CMA has sponsored its own postgraduate education programs to keep physicians up to date. These and other programs now are responsible for nearly 50,000 hours of instruction yearly. For many years, CMA has served as a statewide center for coordinating and publicizing postgraduate medical education sponsored by all participating organizations—hospitals, medical schools, specialty societies and others. In 1970 CMA officially launched a program to certify physicians' accomplishments in postgraduate education and to accredit these and other learning activities. In the three years since its genesis, the CMA Certification Program has attracted more than 10,000 *voluntary* physician participants, 18,000 forms have been received and over 2,000 certificates have been awarded to physicians successfully completing three years. CMA has set an interim goal of 18,000 physician participants by 1974, and is steadily working toward certification of all California licentiates.

The program is designed to encompass all educational activities, whether formal or informal, whether self-implemented or implemented by organizations, which ultimately lead to a continued or increased state of medical knowledge by the physician and, thus, to a high quality of patient care.

Successful efforts are being made to coordinate the program with similar endeavors of other scientific organizations in order to reduce the number of forms a physician must fill out. In this, CMA has achieved 100 percent reciprocity with the AMA. And the California Society of Anesthesiologists has adopted our program, requiring participation by all its members. Considerable progress also is being made in coordination with other specialty societies. Many hospitals in California are now requiring participation in CMA's Certification Program for renewal of staff privileges. More than 350 community hospitals and other organizations have applied for CMA accreditation of their continuing medical education programs and activities.

Audio-Digest

It has been 20 years since the CMA House of Delegates saw sufficient promise in a fledgling postgraduate enterprise called Audio-Digest Foundation to adopt it as a nonprofit subsidiary. Since then, it has grown from a local, small-scale experiment with weekly taped reports from medical journals and meetings for general physicians to twice-a-month subscription services for nine specialties. The number of subscriptions is now nearly 50,000. More than one and a half million dollars has been contributed by Audio-Digest to medical education since its inception in 1953. As an editorial writer in CALIFORNIA MEDICINE observed some years ago, "Lo: a benign cycle. Medical education is broadened as the number of subscribers increases, and the more subscribers the more revenues, and the more revenues the greater the cash contributions in support of medical education."

Conclusion

These accomplishments demonstrate the commitment of California's physicians to constant heightening of the quality of patient care through their own continuing study and self-improvement. CMA's Certification Program lodges within the medical profession, rather than in other hands, the task of assessing the adequacy of the continuing medical education of the physicians of California.

CHAPTER II

Safeguarding the Quality of Care

In California, the concept of "peer review"—the ongoing monitoring by a physician's colleagues of the medical care he provides—has been formalized and refined to the extent that it surpasses and has set a pattern for that of other states throughout the nation and other countries throughout the world.

To Californians, CMA's acknowledged leader-

ship in this important field has meant and continues to mean assurance of the highest quality of care should they become ill. To physicians, these CMA activities provide a means for the profession to demonstrate to society through well-documented performance that medicine can effectively plan, implement and monitor its own activities without external controls.

Medical Staff Surveys

Perhaps the best known and most widely respected of CMA quality assurance activities is the Medical Staff Survey Program, begun in 1961. That year CMA became the first medical association in the nation to formalize a plan for hospital medical staff self-government and self-evaluation. Through the program, practicing physicians from CMA's medical staff survey teams join local community physicians to evaluate the care rendered and reviewed by hospital medical staffs. During each of the surveys, these teams of specially trained physicians analyze the organization of the hospital's medical staff, the adequacy of its records, its medical review competence, efficacy of its credentials review, procedures for determining medical and surgical privileges and other factors directly related to patient care and physician performance.

Failure of a California hospital to achieve certification has significant consequences. Eligibility for participation in the Medi-Cal program is contingent upon a hospital's obtaining either approval from CMA or accreditation from the Joint Commission on Accreditation of Hospitals (JCAH). The California Hospital Association made the CMA survey a provision of membership in 1969.

Since the inception of the program 13 years ago, CMA has conducted more than 800 hospital surveys and by the end of this year expects to exceed the 1,000 mark. The astounding growth of the program is best reflected in the frequency of surveys. During 1961-72, CMA averaged 64 surveys a year; currently the average is two surveys a day.

During 1973, CMA's survey teams joined lay surveyors of the Joint Commission on Accreditation of Hospitals to conduct "consolidated surveys" of the medical staff activities and the hospital facility concurrently. CMA is responsible for quality evaluation, and JCAH for environmental considerations. Initial results of this combined effort indicate that it is leading to increased efficiency and more thorough survey results to maintain high standards, thus preserving this function of quality review for the medical profession.

Surveys of Other Institutions

CMA recently embarked on a pilot program to inspect the quality of care in nursing homes. In preparation for this expansion of the survey concept, the association developed "Long-Term Care Review—A Statement of Principles," which is a corollary document to CMA's "Guiding Principles for Physician-Hospital Relationships," now a national standard in its field. Negotiations are currently under way with the state for California Medical Association contracts to survey all 1,400 long-term care facilities in California as well as psychiatric hospitals and health services in prisons throughout the state. Survey techniques will draw heavily upon the experience gained in the CMA Hospital Staff Survey Program. Emphasis will be upon the character and quality of care provided in the facilities. CMA's willingness to negotiate for surveys of these numerous and varied facilities, a massive and undramatic task, constitutes a strong reaffirmation of the association's commitment to quality assurance.

CHAMPUS Facilities

With the concurrence of the Department of Defense, CMA has begun a survey program for facilities providing specialized care to recipients of the Civilian Health and Medical Program—Uniformed Services (CHAMPUS). The types of services provided by these special facilities are care to the mentally retarded, physical rehabilitation, special education and psychiatric care.

Hospital Utilization Committees

When a CMA survey team goes into a facility, one of its main tasks is to evaluate the work of the utilization committee. These committees are recognized generally as the key to effective in-patient utilization review. Recently they have tended to emphasize ongoing as distinguished from retrospective review. Hospital committees spend thousands of hours annually in review of care and in liaison with other committees within the hospital. Review techniques vary considerably from one facility to the next, but all such committees are oriented to the patient's welfare.

Medical Audit Workshops

An important innovation of the CMA is the "Medical Audit Approach" in which intensive

three-day workshops are conducted for qualifying teams from approved hospitals. The workshops search out specific areas of care in which there is room for improvement in quality and utilization—on a programmed basis. Remedies are then sought which can be applied to the whole spectrum of resources and services. The "problem-oriented" approach is achieving such promising results that CMA has scheduled monthly sessions during 1973 in response to growing requests.

County Medical Societies and Their Foundations for Medical Care

The cornerstone of all peer review activity is the dedicated committee participation of physicians *at the local level*—the level nearest the actual delivery of care. California physicians have led the nation in local peer review committee activity; some county medical society review committees have maintained continuity for more than 20 years. The Foundation movement itself stemmed largely from the desires of local physicians to assume greater local responsibility for the quality of care and utilization control in their peer group area. A recent survey of peer review activity throughout the state revealed that last year in California local physicians spent some 60,000 hours in peer review activities.

Tumor Boards

CMA has been active in improving care given to cancer patients since 1932. It does this by stimulating formation and operation of Tumor Boards (this group of specialists always includes a surgeon, an internist, a radiologist and a pathologist) in general hospitals. These boards maintain clinical and statistical data, including yearly follow-up reports on all cancer patients, which is essential to quality review. CMA sets standards for Tumor Boards, provides consultative services for new boards and survey boards when asked to do so.

Peer Review Commission

To further CMA's commitment to quality medical care, the Council took steps in 1971 to form a CMA Peer Review Commission as an extension of CMA's present activities—irrespective of impending federal legislation in this field. Basic factors underlying this move were the need for a single organization in California to respond knowledgeably regarding peer review efforts throughout the state as a whole and the need for CMA to stimulate and assist those component societies where peer review could be made more effective.

Since its formation the Peer Review Commission has responded creatively to its self-imposed challenge: ". . . to provide all possible support and assistance to local peer review activity; to maintain a functional appeals system; to coordinate diverse peer review activity; and to provide a communications network to facilitate peer review throughout the state."

Appeals Committee

The CMA Appeals Committee plays a vital role in reviewing decisions on quality, utilization and fee problems made by local county society review committees. These reviews are conducted at the request of any party to the local hearing—physician, patient, carrier, county society and others. Although CMA has long made this service available, the committee's activities were considerably refined and expanded when it became a key element in the newly created Peer Review Commission.

PSRO: Professional Standards Review Organizations

Recently CMA was confronted with a new federal law (PL 92-603), which mandated the creation of "Professional Standards Review Organizations" throughout the country by 1976. The association had waged a long battle against this federal PSRO concept, forcefully pointing out that existing peer review mechanisms in California were capable of doing the job. Once the concept became law, however, CMA assumed its share of responsibility to influence the development of regulations, pledging to continue to be a strong advocate in defense of the medical profession whenever regulations or administrative policies interfere with the practice of medicine. At the same time, CMA reaffirmed its commitment to strengthening and expanding already existing peer review programs throughout the state, so that the association would continue to be in a strong position to maintain a vital role for CMA and its component societies in quality care assurance.

Recently CMA has given particular attention to the services it should be prepared to offer to *component society sponsored* PSRO*'s*. CMA is continuing to develop its resources so that it can offer a comprehensive range of support activities: A

statewide appeals system; scientific coordination and information exchange; professional resources clearinghouse—training and evaluation teams; CMA staff survey services; interdisciplinary liaison with allied health care providers; continuing education certification and accreditation; data center; and consultation—both initial and continuing organizational assistance.

Because the PSRO section of the law called for delineation of the geographical areas by January 1974, CMA quickly assumed leadership in developing a realistic "Master Boundary Plan" in cooperation with component societies, allied health provider groups and others. This coordination effort appears to have been productive. The CMA-developed plan was the basis for a hearing by the Department of Health, Education and Welfare on PSRO geographical domains for California; and recently the Region IX HEW Office announced that it had officially recommended CMA's Master Boundary Plan to Washington with minor modifications.

Medi-Cal Prepaid Health Plans

In response to the growing concern of the medical profession throughout the state regarding assurance of quality patient care under the prepaid health plans (PHP's) being granted Medi-Cal contracts by the state, early this year CMA developed a comprehensive set of performance criteria for such plans. Basic to the 24-point document are requirements that call for PHP's to comply ". . . with the same licensure and professional ethical standards required of other providers of the same services in California, as measured by established professional criteria" and to assure ". . . that medical decisions will be made by qualified medical personnel, unhindered by fiscal or administrative decisions of the governing board."

Conclusion

Medical care in California is complex and varied. So, too, are the dynamic and evolving processes of peer review which the CMA and its component societies are utilizing continuously to safeguard the quality of patient care throughout the state. In CMA's view, this is not a responsibility medicine can delegate. Computerized data banks and norms of care—no matter how sophisticated—can never substitute for the personal involvement of physicians in conscientiously evaluating the care rendered by their colleagues.

CHAPTER III

Government Advocacy

In recent years, the California Medical Association's participation in the legislative process has dramatically increased, as has its involvement with administrative agencies. The last few years have also seen CMA more frequently assuming a positive "advocacy" role in the governmental arena. Particular emphasis is being given to projecting trends and future problem areas as far in advance as possible so that CMA may be in a strong position to take anticipatory action rather than reacting to crises. Still another major trend is intensified CMA involvement at the federal governmental level in cooperation with AMA—based on the premise that the expanding influence of federal proposals and programs on the practice of California physicians must be dealt with at its sources in Washington, D.C.

State Governmental Relations

Currently about one-fourth of proposed state legislation affects the health of the people of California, the environment they live in or the way their health care is delivered. This means that CMA reviews approximately four to five thousand bills introduced at the state level each year. The association takes positions on more than 200 of these bills, based on resolutions adopted by the House of Delegates, on directions from the Council and on advice from appropriate committees. Nearly every CMA committee involves itself in reviewing and recommending legislation in its particular field of expert knowledge, providing a broad, representative base for CMA legislative action.

In all its dealings with proposed legislation, whether initiated by itself or others, the basic test applied by CMA is simply: "Is it good for the patient?" If the answer is "yes," then CMA supports. The association's batting average speaks for itself. Of the more than 150 bills supported in the past two years, over 75 percent were enacted and a number of these were CMA-initiated bills. Of the more than 110 bills opposed by CMA during the same period, all but five were defeated or favorably amended.

CMA tries to involve as many physicians as possible in its legislative decision-making process. For example: every major specialty society is

asked to designate two representatives to CMA's State Legislative Commission; county societies are routinely sent status sheets and other legislative material; the legislative committee chairman of each component society receives appropriate material in advance of each State Legislative Commission meeting and is encouraged to provide the commission with the society's viewpoints on specific bills being considered; all county medical societies are invited to send a representative group to Sacramento for an orientation session conducted by CMA.

Communications with the membership as a whole concerning legislative matters is receiving special emphasis. State legislative news is transmitted to every member each three weeks via *CMA News*. In addition, *Sacramento Reports* is sent every two weeks during legislative sessions to the medical leadership throughout California—Councilors, county society presidents and executive secretaries, chairmen of county legislative committees, and presidents of specialty societies.

With implementation of the new unified Department of Health on July 1, 1973, CMA's relationships with the state administration took on new perspectives, but the objective remains the same: to work closely with state officials to try to make their programs reflect as accurately as possible the kind of knowledge and concern about patient care that only the practicing physician can provide. CMA nominates particularly qualified physicians to serve on some 40 consultative bodies at the state level. CMA officers, Councilors and commission and committee chairmen travel to Sacramento regularly to testify at public hearings on state regulations affecting health care, and members of the CMA staff maintain daily liaison with key officials in the various systems of the Department of Health as well as the Department of Corrections, the Department of Consumer Affairs, the California Disaster Office, the Office of Economic Opportunity, the Department of Education, the Department of Finance, the Department of Industrial Relations, the Department of Rehabilitation, the Department of Social Welfare and the Governor's office.

Federal Governmental Relations

With its expanded program in this vital area, CMA now systematically reviews federal legislation, takes definitive positions on bills of particular concern, and to influence the outcome of these measures it communicates these positions forcefully to members of whatever committee of Congress is hearing the bill as well as to the entire California Congressional Delegation. The association's accelerated program of communications with our 43 Congressmen and two Senators involves a continuing exchange of information and views, and takes many forms:

- An annual visitation to Washington during which CMA officers and other key physician leaders personally meet with nearly the entire California Congressional Delegation to keep them apprised of the association's attitudes toward pending or proposed legislation.
- Sponsorship of an annual Administrative Assistants' Conference on Federal Health Legislation consisting of a two-hour meeting with key administrative personnel from each of our Congressional Delegation offices.
- Periodic visits with key congressional committee chairmen, such as Representative Paul Rogers, chairman of the House Subcommittee on Public Health and Environment, to express CMA's support or constructive criticism of specific measures pending before committees.
- Testimony by CMA physician spokesmen before congressional hearings on important health bills.
- Sending important CMA-developed background materials (for example, "Where We Stand on Drug Abuse") to our congressmen to remind them throughout the year that CMA constitutes an authoritative and responsive resource to which they can turn for information and advice as they confront the complex health issues of our time.

This kind of continuous flow of information and personal contact lays a solid foundation upon which CMA can increasingly depend when it wishes to communicate effectively with members of the Congressional Delegation on particularly critical measures coming up for consideration in the House or Senate.

In recent months, CMA has brought its influence to bear on many pieces of federal legislation. Perhaps the most important were: the Health Maintenance Organization bills (CMA has worked for provisions specifying limited funding on an experimental basis with proper evaluation); and the Keogh Retirement Act Amendments (CMA has favored raising the contribution limit and has opposed restrictive contribution limitations on incorporated physicians). The association also took a strong stand on proposed changes in the Federal Rules of Evidence regarding physician-patient

confidentiality. Following CMA's communication of its support for retaining the confidentiality of all physician records and all physician-patient communications within the Federal Code, CMA received a letter from counsel for the House Subcommittee on Criminal Justice reporting that the subcommittee had "amended the rules on Privileges, the net effect being to conform with the recommendation of the California Medical Association on Rule 504."

CMA's expanded efforts at the federal level also include active liaison with key officials in the Department of Health, Education and Welfare at both the Region IX and national level, as well as keeping the CMA membership informed regarding important developments on the Washington scene.

California Medical Political Action Committee

California Medical Political Action Committee, (CALPAC) is the bipartisan—voluntary—political action arm of organized medicine in California. The organization is composed of physicians and their wives who are interested in furthering their knowledge of the political world and, in turn, taking an active part in shaping society through participation as interested and concerned citizens. CALPAC provides its members with both the means and the expertise for effective political action on both the state and federal levels. The CALPAC movement arose 12 years ago from the conviction that today's emphasis on political involvement by various segments of the community demands that physicians identify themselves in the political arena by supporting federal and state legislators who are constructively concerned about the delivery of quality medical care.

During CALPAC's first eight years of existence its activities were limited to federal campaigns for the United States Senate and Congress. However, in 1972 CALPAC expanded its activities to include financial support of candidates for state office as well. Its record is impressive. In the 1972 elections, CALPAC and local physicians financially supported 125 candidates seeking office. One hundred and eight, or 86 percent, were successful at the polls. In addition, and perhaps even more important, CALPAC's bipartisan approach is reflected in the fact that 41 percent of these candidates were Democrats and 59 per cent were Republican.

Recently CALPAC has placed special emphasis on organizing various physician candidate support committees at the local level, contributing sophisticated campaign management techniques and assistance to crucial campaigns and through CALPAC's contribution to the American Medical Political Action Committee, enabling AMPAC to help elect medicine-supported candidates to Congress throughout the United States.

In the special elections held during 1973 to fill vacancies due to death, resignation or retirement of state legislators, CALPAC batted 1000. There were six such special elections in California during this past year, four in the State Assembly and two in the State Senate. Based upon the recommendations of local CALPAC members and physician leaders within these districts, CALPAC's contributions in each of these six contests supported winning candidates, including the election of the only current physician legislator in the California Legislature, Doctor Robert McLennan, a Los Angeles general practitioner, to the 38th Assembly District.

CALPAC's membership now stands at a record high of over 7,000 members and it is generally recognized as the most effective state medical political action committee in the country. It is currently mounting a massive membership campaign to assure that medicine can assume a significant role in the 1974 races for Governor, 80 seats in the Assembly and 20 in the California Senate plus 43 in Congress and a U.S. Senate seat.

Conclusion

CMA's many "government advocacy" activities reflect its legitimate concern about the effect of governmental programs—both federal and state—on the ability of physicians to provide the best possible patient care and on the total health care environment for Californians. CMA's role as a governmental advocate both for physicians and their patients will continue to expand in the years ahead.

CHAPTER IV

Improving the Availability of Care

Socio-economic aspects of medical care delivery, as well as quality and availability of care, are primary concerns of the California Medical Association. Through their state and national associations, as well as their county medical societies, California physicians are steadily improving the availability of health care. While the first of seven stated goals of CMA is "to improve the *quality* of health care and services," the second is

"to expand the *delivery and accessibility* of medical and health care programs."

This concern about the socio-economics of delivering care is far from new to the association. CMA has a record of pioneering in this field. As early as 1929, the CMA Council studied the feasibility of a plan devised for government to provide care for medically needy persons of limited income. This early proposal, which did not reach the implementation stage, dealt with medical care for people having an income of $2,500 or less. California Physicians' Service, the forerunner of the present California Blue Shield, was founded by CMA in 1939. It was the first plan of its type in the nation.

More recently, CMA sponsored and supported the state bill which enacted the Medi-Cal program "to allow eligible persons to secure basic health care in the same manner employed by the public generally and without discrimination or segregation based purely on their economic disability." However, since its inception in 1966, Medi-Cal has been plagued by problems of political expediency, fiscal restrictions and unrealistic administrative regulations which have actually transformed it into a health care program which restricts patients' access to quality care.

The current efforts of California's physicians to deal with the complex socio-economic aspects of medical care can best be examined by focusing on three key items: cost of care, health manpower, and national health insurance.

Cost of Care

Although physicians' services account for only about 20 percent of all health care costs, California's doctors have demonstrated their constructive concern about keeping the cost of *total* health care as low as is consistent with quality. An important part of the wide spectrum of voluntary peer review efforts described in Chapter II is directed toward "utilization review," a process to assure the propriety of billings to health insurance carriers.

Physicians and their medical organizations are constantly seeking new ways to keep a rein on rising costs. Many of California's Foundations for Medical Care have initiated pilot projects under the Medi-Cal program to attempt to realize savings by having physicians participate on a "prepaid" basis. The Sacramento Foundation has instituted a special "Certified Hospital Admission Program (CHAP)" to cut hospital stays to the shortest feasible length through establishment of norms for hospitalization related to specific medical and surgical situations. The San Joaquin Foundation's Coordinated Medical Utilization program (CMU) assists the physician with each patient, beginning with preadmission screening and continuing to appropriate coordination of discharge planning in order to bring about the most efficient and effective overall utilization of health care resources available. Coordinated Care Organization (COCO), which is sponsored by the Redwood Health Foundation, Sonoma and Mendocino-Lake Foundations for Medical Care, has the objectives of establishing a guaranteed payment program for medically necessary admissions to hospitals, assuring patients necessary care and conserving health care resources. The Medi-Cal Pilot Project of the Fresno and Madera Counties Medical Society compares patient treatment profiles and prior authorization as controls of overutilization to upgrade quality of care and to realize related objectives. The Progressive Review Program of the Stanislaus Foundation for Medical Care is seeking to raise the quality of care available to the community and to lower the cost of providing it. In addition, skilled nursing facility review programs under Medi-Care are being conducted by the San Diego and Riverside county societies, and by District 12 of the Los Angeles County Medical Association. These are only a few of the many examples of innovative efforts at the local level to keep medical care costs at a minimum.

Health Manpower

A recent example of CMA's commitment to assuring the availability of adequate health manpower throughout the state was its support of the 1972 "Health Science Facilities Bond Issue"—designed to provide funds for completion of medical schools and other facilities to train dentists, nurses, public health professionals and other needed health care experts. CMA contributed $5,000 in addition to the equivalent of $25,000 in publicity services. Aided by the profession's efforts and citizens committees, the bond issue passed.

In cooperation with its extremely active Woman's Auxiliary, CMA has expanded its health career recruitment activity in many areas, including wide distribution of "Health Careers Quick Reference Chart" on request.

Since 1968, CMA has awarded scholarships to high school seniors who plan careers in the health

sciences through its subsidiary organization, the California Medical Education and Research Foundation (CMERF). In 1973, CMERF awarded a dozen scholarships—four in each of three categories: four-year achievement scholarships for black students, four-year merit scholarships and one-time $1,000 merit scholarships. These scholarships are financed by contributions from Audio-Digest, another CMA subsidiary, and winners are selected by the board of directors of CMERF based on recommendations of component medical societies and in cooperation with the National Merit Scholarship Corporation. Wherever practical, CMA urges medical schools to expand their enrollments and to actively seek out and financially assist interested and potentially qualified minority students who desire education in the health fields.

Studies done by CMA and other organizations indicate that the basic *physician* manpower problem is one of distribution—by geographical location and by specialty. Thus, CMA and its component societies are directing special efforts to increase services in the "inner city" and rural areas, as well as encouraging more physicians to choose family practice as a specialty. Here are a few examples:

- CMA's Physician Placement Service: This program was designed to bring together physicians seeking practice in certain geographic areas and areas needing physicians. Among the most active in the country, the CMA service publishes its *Physician Placement Bulletin* every other month. More than 3,000 copies are sent to California hospitals, county medical societies and medical schools throughout the country. A copy is also sent to each newly licensed California physician and is available to any CMA member on request.
- Component Society Activity: The San Francisco Medical Society works with the Office of Economic Opportunity in bringing medical care programs to the inner city. Fresno County Society has sponsored a rural health care delivery demonstration project in the Firebaugh-Mendota area. Kern, Sacramento and San Joaquin County medical societies, as well as other medical societies, are operating mobile clinics for the treatment of rural migratory workers. The Monterey County Society is the fiscal agent for an innovative rural health project in King City using the health team approach. Other county medical societies—in the ways they find best suited to local needs—are seeing that health care reaches migrant agricultural workers, rural areas and urban ghettos.
- Preceptorship Programs: In the past CMERF has provided grants to the state's medical schools to support students' preceptorships which involve them in programs of family practice and community medicine in rural areas. Recently the CMA Council approved supplementing these preceptorships with a program developed by medical students in cooperation with CMA. The new program, entitled "Student Community Orientation and Preceptorship Education (SCOPE)," will place special emphasis on arranging summer preceptorships in hospitals and clinics in rural and isolated areas.
- New Approaches: Recently, the CMA Committee on Urban Health prepared a comprehensive analysis of "Incentive Criteria for Voluntary Private Practice in Underserved Areas." The committee currently is conducting a survey of California teaching hospitals with the objective of establishing direct contact with new physicians planning to enter practice in low-income areas in order to offer them consultation and advice.
- Family Practice: In October 1973, the Governor signed a CMA-supported bill which appropriates $3.1 million for family practice programs in medical schools and hospitals in California, thus giving a substantial boost to the training of more needed "primary care" physicians.

National Health Insurance

During recent Congressional deliberations on the type of national health insurance which should be made available to the American people, CMA has taken a strong stand on 19 basic principles which must be met if such a program is to be in the best interests of patient care. These points, which reflect CMA's deliberations on health care coverage over a number of years, are as follows:

1. Adequate mainstream health care should be available and accessible to all.
2. All persons should have available a program for securing and retaining adequate coverage.
3. Participation in programs must be voluntary, not compulsory.
4. Freedom of choice for both physicians and patients must be retained.
5. No restrictions should be placed on physicians providing care.
6. Graduated governmental funding for health care, based on level of need, is appropriate.
7. Non-indigent patients should have the responsibility for some financial participation.
8. Universally available programs should repre-

sent a coordinated approach within a pluralistic framework.

9. Adequate standards of comprehensiveness for benefits must be included.

10. Programs should include coverage for services performed on an out-patient basis when appropriate.

11. Physicians should control standard setting in health care programs.

12. True peer review is essential in evaluating care provided, including quality of services and appropriateness of charges; this is an appropriate function of various professional medical organizations but not of government.

13. Accreditation and utilization review committees should be required for institutions participating in health care programs.

14. If certain criteria are met, demonstration and experimentation programs are important; they should involve consumers and local medical societies.

15. The Health Maintenance Organization concept should be implemented on a pilot basis in selected areas before efforts are made nationally.

16. No conflict should exist between any universally available program and coverage provided through employment.

17. Multiple coverage for the same individual or family is inappropriate.

18. Payments to physicians should be on a usual, customary or reasonable basis.

19. Programs should exclude coverage for chiropractic services.

CMA recently reviewed the AMA's Medicredit proposal in the light of these 19 principles. This proposal, as embodied in HR 2222 and S 444, provides for the financing of a national health insurance program by allowing credits against personal income taxes to offset premium costs of qualified private health insurors who offer a specified benefit package. In view of the fact that Medicredit comes closer to complying with CMA's principles than does any other national health insurance proposal and in light of the desirability of a unified approach by organized medicine on this critical matter, the CMA House of Delegates voted last February to endorse this AMA-developed plan. The Medicredit bill had been introduced in January with 126 co-authors, including ten members of the California Congressional Delegation. Since the endorsement action by the CMA House, the association has actively supported Medicredit through its various channels of communications with Congress. Medicredit now has 181 congressional sponsors, including 16 members of the California Delegation—more sponsors than any other national health insurance proposal now before Congress.

Conclusion

Throughout CMA's history, it has been concerned not only about the quality of care, but the availability of care to all Californians. Its past and current efforts attest this concern. Currently, CMA is playing an instrumental role in shaping the kind of national health insurance approach which will evolve from deliberations in the nation's Capitol—an approach which would reflect the medically sound and socially progressive views of California's physicians.

CHAPTER V

Shaping a Healthier Environment

Medical science can point with pride to virtual eradication of most grave contagious diseases and to advances in techniques for the early detection, treatment and cure of heart disease and other killer diseases. It also can be proud that life expectancy in the United States is up 45 percent since the turn of the century—from 46 to 67 years, and infant mortality is down 75 percent in the same period.

However, physicians are increasingly concerned about the rapid rise in incidence of homicide, suicide, automobile accidents, lung cancer and cirrhosis of the liver in California and throughout the nation. These and many other health problems can be traced to social, not medical needs. Their presence indicates serious shortcomings in the knowledge, attitudes, life-styles and living conditions of a significant proportion of our population—factors which ultimately have a far greater influence on the total health of an individual than the medical care he receives once he is sick.

Individually and collectively, the physicians of the California Medical Association are not only acutely aware of the tremendous bearing that personal environment has on total health, but are actively using their knowledge, resources and influence to help overcome the social and behavorial causes of ill health.

CMA Public Education Programs

Foremost among the Association's programs to provide health information to Californians is its "Health Tips" project—now under the sponsorship of CMA's subsidiary, the California Medical Education and Research Foundation (CMERF). More than 300 subjects have been covered by "Health Tips," many of which have been translated into Spanish for California's Chicano population. All of these articles are designed to inform and motivate the individual toward practices which will result in optimal health. Because each "Health Tip" is reviewed by a panel of physicians selected for their special knowledge in the subject being covered, these articles represent a truly authoritative source of public health information.

Launched in 1961 with a mailing to 89 recipients, "Health Tips" now are distributed *on request* to more than 6,000 outlets, including national news services, such as UPI; weekly, daily and farm newspapers; labor and employee publications; business and industrial house organs; educational agencies of the Department of Health, disadvantaged areas, neighborhood health centers, public health clinics and nearly 4,000 key school personnel. County medical societies and schools—kindergarten through universities—use the materials in a variety of ways: duplication and distribution to students and parents in the entire school system; health education course syllabi; health text books; teacher and school nurse education; and health fairs. These articles also are requested by many physicians for use in their offices.

Since the inauguration of "Health Tips," CMA has developed other public health communications programs built around the same carefully authenticated material. Special pamphlets on selected "Health Tips" have been prepared and widely distributed. "Health Tips" information is an integral part of CMA's Radio News Service, which provides a toll-free CMA telephone number California radio stations may call to receive pre-recorded medical news for rebroadcast at a time of their choosing. This 24-hour service is available seven days a week, and currently CMA receives calls from 20 to 25 stations daily.

Shortly public service TV spots based on "Health Tips" information will be available throughout the state. This is a project of CMA's newly created "Committee on Health Education of the Public," which also is launching an extensive survey of public education needs and the adequacy of available sources as well as exploring methods to encourage increased physician involvement at the community level.

County Society Programs

In cooperation with CMA as well as in independent activity, the Association's component medical societies carry out numerous programs which contribute to a higher level of health education throughout the state.

A dramatic example is the "Tel-Med" program, through which taped telephone messages on selected health topics are made available to all members of a community. This new approach, which originated with the San Bernardino County Medical Society in 1972, has been so successful that it is being implemented in San Diego, Anaheim, Long Beach, Fresno and Oakland. Through CMERF, the California Medical Association assisted in funding the first year demonstration of the Tel-Med program, and through the "Health Tips" program, CMA provides much of the material on which these popular telephone messages are based.

The Los Angeles County Medical Association's "Medix" program is in its third season of producing weekly half-hour television documentaries in cooperation with KNXT, the local CBS outlet. These outstanding health education programs, which reach an estimated 800,000 to one and a half million southern Californians every Sunday afternoon, received a regional "Emmy" award during their first year. They also have received important citations from civic and state groups, such as official recognition by the State Highway Patrol and local police for the contribution a "Medix" documentary, "How Drinking Affects Your Driving," made to the alleviation of this problem in Los Angeles during the holiday season. CMERF made a substantial contribution toward funding the 1972-73 "Medix" season.

Health Education in Schools

At the same time that CMA is trying to reach the general population with physician-prepared health education messages, it also is intensively involved in promoting healthful patterns of behavior for California's citizens during their formative years. Thus, CMA works closely with the State Department of Education and, in fact, sponsored and helped to write the "State Framework for Health Instruction" and the administrative

guidelines for its implementation. Last month the CMA Council directed the association's Commission on State Legislation to give high priority to the development and passage of a bill requiring health education consistent with the State Framework in all California schools, from kindergarten through high school. The Council also urged the recognition of health education as *survival education* and encouraged individual physicians, county medical society school health committees, the CMA Woman's Auxiliary and others to work with county school offices and school administrators on this basis.

CMA's Committee on School and College Health, which is responsible for developing the programs and concepts described above, has been active for more than 15 years in sponsoring educational programs for professional and lay groups, including school health congresses at CMA's Annual Session.

Combatting Pollution

Although genuine improvement in the health knowledge and attitudes of people throughout the state is the key to a healthier environment for Californians, CMA has determined that the mounting problems of air, water, noise, and land pollution are often most effectively attacked through legislation. Last year alone, CMA supported more than a dozen bills designed to improve the state's ecology.

To deal with the serious problem of air pollution, CMA encourages mass transportation, stringent air pollution standards, use and inspection of vehicle emission control devices, mandatory emission and conversion of fleet vehicles to alternate fuels in high-risk areas, and use of health warning systems to alert area residents when air pollution levels endanger health. Resolutions resulting from a recent Riverside symposium on "Air Pollution and its Effects on Human Health" were considered significant enough to be cited in the September 24, 1973, *Congressional Record*. This important program was sponsored jointly by the Riverside County Medical Association, San Bernardino County Medical Society, the Riverside-San Bernardino Chapter of the California Academy of General Practice, the University of California, Riverside, and CMA.

CMA urges that citizens and state government endorse the "Environmental Bill of Rights" developed in 1970 by an Assembly select committee and supports the concept of a central state agency for environmental quality. Among other anti-pollution measures supported by CMA are: research and action to prevent contamination of our oceans and waterways; adequate sewage and solid waste disposal; use of recyclable and biodegradable products; rat control; maintenance of recreational areas; and research funding to assure that nuclear energy development takes environmental factors into consideration. CMA's active Committee on Environmental Health has spearheaded these and many other efforts.

Other CMA Programs

CMA has established numerous committees whose activities are geared to helping solve specific social problems underlying ill-health and premature death. Some notable examples are the Committee on Mental Health, which recently has been involved in evaluating approaches to the study of causes of violence; the Maternal and Child Care Committee, which is currently engaged in a program designed to reduce perinatal mortality, stressing the need for health education and the important part played by personal nutrition; and the Committee on Automotive and Traffic Safety, which works closely with the Department of Motor Vehicles and the California Chapter of the National Safety Council to help prevent accidents on California highways.

CMA's Committee on Alcoholism and Other Drug Dependence has pinpointed alcoholism as the most deleterious drug problem in our society. This committee has been responsible for development of CMA's widely-used document, "Where We Stand on Drug Abuse," which urges not only intensified physician training in the techniques of diagnosis and treatment associated with drug abuse, but the establishment of sound, comprehensive treatment programs in which the whole community actively contributes to the social readjustment of the patient.

Conclusion

All in all, the California Medical Association has more than a dozen committees contributing to the public education and protection efforts described in this chapter. CMA's commitment to health is a total one, and thus it is deeply involved in bringing the knowledge of its members to bear on overcoming the social and behavorial causes of ill-health, with the goal of shaping a healthier environment for all Californians.

CHAPTER VI

Serving the Membership

All of the activities and accomplishments described in this seven-chapter article serve the members of the California Medical Association. Among them are a number of vital CMA services designed specifically to benefit the individual member directly, as distinguished from those programs which benefit him indirectly by providing a collective means for California physicians to lead the way in meeting the full spectrum of health care challenges: scientific, educational, socio-economic, environmental, political.

Information Services

Through his Association, the CMA member receives two major publications containing information on a wide range of subjects useful to him in his practice and in his activities as a physician-citizen. First, of course, is CALIFORNIA MEDICINE, soon to become THE WESTERN JOURNAL OF MEDICINE. Acclaimed as one of the nation's finest scientific journals, this monthly publication attracts contributions from leaders in medical science and features "Epitomes of Progress"—short reports on recent advances in all specialties. It also has complete listings of continuing medical education opportunities.

CMA's second membership publication is *CMA News,* which reaches each member physician every three weeks, keeping him up to date on activities of CMA and AMA, County Societies and their foundations, allied health associations, and providing news of legal actions, and meetings of interest. As a regular feature of *CMA News,* "CMA Advocate" provides members with the current status of health legislation at the state and federal levels, as well as other developments in Sacramento and Washington.

Occasionally throughout the year, CMA leaders deem an issue to be so urgent as to warrant a special letter from the President to all members—a recent report on CMA and AMA actions concerning the Phase IV wage-price controls is a case in point.

Other publications, such as *Medical Executives Memo,* a capsulized weekly news sheet, and *Socio-Economic Reports,* a monthly research publication, are sent to county society leaders and other members on request. Although the mailing list for these publications is limited, much of the information is reprinted by component medical societies for their entire membership.

Still other major channels through which CMA communicates with its members are: *Statewide Meetings,* such as CMA's Annual Session, its Component Society Leadership Conferences, meetings of chiefs of medical staffs and conferences on special issues; *Leadership Visitations* by CMA's President and President-Elect, who travel to the majority of California's 40 medical societies to maintain two-way communications with the "grass roots" accompanied by CMA Councilors and field staff representatives, whose job it is to maintain continuous contact with county societies.

Public Relations Services

The Association has a rapidly expanding public relations program designed to improve public awareness, understanding and support of its members' views and contributions. In addition to accelerating its ongoing efforts to inform the public of the constructive action programs of California physicians, CMA has recently launched a number of projects. CMA's continuous public relations program includes an average of three press releases each week and two radio news tapes a month, public presentations by our physician leaders and day-to-day contacts with representatives of all forms of media. Among CMA's newer approaches to establishing an informed public opinion base are the following:

TV Newsfilms—This exciting television effort, in which one- to three-minute action films are prepared on major health issues and the involvement of California's physicians in them, has been extremely well received by news programmers throughout the state. A new film is distributed monthly to some 25 television stations throughout the state and usually is aired by three-quarters of them. The films are shown during prime time —either the 6:00 p.m. or 11 p.m. newscasts which reach 70 percent of California households having TV sets. If CMA were to purchase this time for a year, the cost would run well over $100,000. Instead, broadcasters have picked up the films because they are newsworthy and professionally prepared.

Coordination of Media Efforts—Last year, CMA received AMA's first annual award to a medical society for its three-pronged media approach to a given issue. On important CMA

stories, press releases are coordinated with supportive coverage through the CMA Radio News Service and a TV Newsfilm—thus creating greater public impact.

Media "Backgrounders"—To present medicine's point of view in a positive manner, CMA's President and other leaders have begun holding news media background briefing sessions throughout the state for reporters and science writers. These "backgrounders" are being well-attended and well-received. While the intent was to provide background information for the media's use in future stories, the meetings have generated considerable "bonus" news coverage. At each of these sessions, position papers based on CMA policies on topics of public interest are distributed to media representatives. These are the same position papers published in this special issue of CALIFORNIA MEDICINE.

Patient Messages—Last July, CMA began a pilot project through which a brief patient message in the form of a "stand-up" tent card was mailed to each member via *CMA News* for placement on the magazine table in his waiting room. Written in a personal style appropriate to the physician-patient relationship, the first three messages covered physician-patient confidentiality, peer review, and quackery. The project is currently being evaluated by CMA's Commission on Communications to see if it has been an effective tool for physicians.

Professional Services

To assist the individual member, CMA offers or sponsors a great variety of programs of economic importance to physicians:

- Development and updating of the *Relative Value Studies,* a means of accurate communication between individual physicians and insurance carriers, providing for specific identification of medical services. CMA's *RVS* is widely used throughout the country and is the basis for AMA's *Current Procedural Terminology.* It also has been accepted by the Social Security Administration for the use of code numbers and nomenclature under the Medicare program. A free copy is provided to each CMA member.
- A flexible investment program which meets the requirements of the Keogh Act, with nine investment options, including eight different mutual funds, an annuity plan, or a combination of these to meet the individual member's personal needs. Pending federal legislative developments, CMA plans to make further improvements in this program.
- A special term life insurance program for members of the association, which combines high limits, low costs and ease of enrollment.
- A disability income program, which provides up to $1,500 monthly disability income payable for the insured's lifetime, if totally disabled due to injury, or to age 65, for illness disability.
- An accidental death and dismemberment policy, which offers CMA members a "loss of use" benefit in addition to high limits and low premiums.
- The Physicians' Benevolence Fund, through which CMA provides short-term assistance for physicians and their families in times of economic need. The fund is maintained by allocating a portion of each member's dues plus generous contributions from the CMA Woman's Auxiliary and others.

CMA's Commission on Member Services is constantly looking for new ways in which the association can be of direct service to physicians. Recently, the Council approved Commission-recommended proposals to make an excellent automobile leasing plan available to members where desired and to consider development of educational group tours in conjunction with CMA's continuing medical education program. CMA is currently preparing a legal-office-business manual for use by physicians and is developing a comprehensive catalogue of all services and materials which are available to assist component medical societies and individual physician members.

Special Services: Professional Liability

Space does not permit description of all the special services CMA makes available to its members, but its continuing and extensive efforts to alleviate the serious professional liability problems which face physicians deserve particular attention. The association is attacking the professional liability situation on many fronts.

- A reference book, *Professional Liability . . . Selected Medical-Legal Information for Physicians,* was prepared by CMA and distributed to every member. It is a basic reference for background information and contains sample consent and release forms and letters designed to assist the physician in his practice.
- A demonstration project in patient arbitration, co-sponsored by CMA and the California Hospital Association, is seeking to develop a sta-

tistically accurate evaluation of the concept of arbitration in professional liability.

- CMA's malpractice legislative program has brought about the passage of ten important bills dealing with *res ipsa loquitur;* statute of limitations; confidentiality of medical staff, medical society and medical foundation committee proceedings; and the cost bond measure, which required a deposit of $2,500 as a bond in an action brought against a physician for punitive damages. Legislative proposals affecting contingency fees, measurement of damages and disclosure are being actively pursued.
- Legal advice on informed consent, as it affects physicians under the recent State Supreme Court ruling, is continually conveyed to all members through special mailings, organized discussions, and tape-recorded summaries.
- In addition, CMA conducted an actuarial analysis of the liability situation, has sponsored regional professional liability workshops, urged the AMA to develop a specific department to provide a national focus on professional liability problems, is actively preparing CMA testimony for hearings of the Assembly Select Committee on Malpractice, and provides assistance to component medical societies on request.

Conclusion

CMA's programs are created by and for California's physicians. All members are urged to draw upon the resources the association offers and participate in the formulation of CMA's policies and programs. Through member services, the California Medical Association and its county societies are improving the environment in which our state's physicians practice and in which their patients receive care.

CHAPTER VII

Planning and Evaluation

As health care challenges have proliferated, the California Medical Association has become increasingly aware that its limited resources must be deliberately channeled by priority into programs which are the result of careful planning and are subject to regular and systematic evaluation as to their relative importance, whom they are important to, and how they relate to the purpose of the association.

Concrete testimony to CMA's concern with the *planning process* is found in the association's continuing effort to approach the complex task of establishing specific organizational goals and objectives. A *goal* is a condition to be achieved that is crucial to the long-range success of an organization. *Objectives* are the markers along the path by which a goal is to be reached. They include the steps that are taken day-to-day and year-to-year to keep the organization relevant, cohesive and moving in a predetermined direction toward its goals. Because objectives are specific progressive targets, they provide a means to measure at any time not only the accomplishments but also the effectiveness of an organization. Both goals and objectives must be realistic and attainable. But because our society and the demands and needs of any organization are subject to constant change, failure to reassess established goals can only result in ineffective activity.

Since 1967, when CMA's first goals and objectives were outlined, the association has reassessed and refined its goals on five occasions. Today, CMA activities are increasingly geared to reaching the following seven goals:

1. To improve the quality of health care and services.
2. To expand the delivery and accessibility of medical and health care programs.
3. To present medicine's interest to government and other organizations.
4. To strengthen CMA and its component societies as a statewide organization.
5. To develop better informed public attitudes toward physicians and organized medicine.
6. To improve the public's health knowledge and practices.
7. To expand direct member services.

Within the context of these basic goals, CMA establishes objectives and decides on priorities to guide the allocation of time, money and other resources of the association. These decisions are often extremely difficult ones, and while all CMA commissions and committees have been involved in making annual projections of their respective objectives since 1970, CMA has a number of organizational entities specifically designed to make major contributions to the overall planning effort.

The Bureau of Research and Planning

One of the first visible affirmations of CMA's belief in planning was the establishment of its unique Bureau of Research and Planning in 1958.

At that time, there was no other single organization or agency—government or private—sponsoring research of any magnitude directed at seeking the kind of factual, unbiased information which could help CMA reach sound conclusions and develop constructive, farsighted policies. The Bureau has filled this vital need by laying a firm foundation of research for more purposeful planning by CMA.

The scope and significance of the Bureau's work is indicated in a brief review of some of its recent projects: a three-part *Socioeconomic Report* on the use and misuse of death statistics, with particular emphasis on infant mortality, longevity and morbidity statistics; a three-year census study of continuing medical education, which provided data on physicians' patterns of involvement in formalized programs of continuing medical education; reports on occupancy trends, health insurance coverage and hospital length-of-stay patterns; a series of *Socioeconomic Reports* on physician supply in California, with analysis of trends that have taken place in the past ten years, discussion of distribution and the degree to which a shortage exists and development of data concerning costs of providing care in the private versus the public sector.

The Bureau continuously maintains information on subjects such as physicians' fees, multiphasic health testing programs, computers in medicine, health care delivery patterns, health insurance coverage, health manpower, cost of care and other vital subjects.

An important new activity initiated by the Bureau this fall is the "CMA Member Opinion Poll." The first two questionnaires, mailed to a random sample of the membership, attempt to evaluate the degree to which CMA's goals, policies, activities and services represent members' expectations and desires. This additional way of obtaining direct input from members promises to be a valuable tool in setting future directions for the association.

The Committee on the Role of Medicine in Society

By presenting realistic and frank discussion of the issues that confront medicine today, the Committee on the Role of Medicine in Society seeks to help shape the role of the physician and medical practice in the years immediately ahead. Six comprehensive progress reports have been published by the Committee since it was established. Its most recent report was, "The Physician and His Practice, 1980-2000."*

In addition to studying the effect of social change on the future role of the physician and making recommendations for positive responses to change, the committee has made an outstanding contribution to the future of the organization by actively involving medical students in CMA's activities. Students representing each of California's medical schools participate in this committee's deliberations, and it has been instrumental in gaining student participation on 55 other CMA commissions and committees. The committee also has arranged for students selected by their peer groups at each medical school to attend AMA conventions and the CMA House of Delegates, and has initiated production of a student-written and edited newsletter to convey organized medicine's message to all California medical students.

These and other activities culminated in the 1973 CMA House of Delegates' making a decisive investment in the future of the organization —the creation of an active CMA membership category for California's medical students as well as its residents and interns at reduced dues levels, with voting privileges and representation in the House.

Committee on Organizational Review and Planning

With the growth in size, activities and influence of the CMA during the past decade, it seemed imperative that the structure and functions of CMA as they relate to its goals be reviewed and defined. In 1966, the Committee on Organizational Review and Planning was created as a special committee of the Council to meet this need. The committee was further instructed:

- To review and analyze problems in whose solutions CMA should lead and participate.
- To review the structural organization of the CMA; and
- To plan for and propose changes in CMA organizational structure to improve its overall functioning.

Currently, this committee is deeply involved in a detailed and comprehensive analysis of CMA's progress and plans in relation to its seven basic goals—including specific measurable objectives, priorities, timetables, commission-committee struc-

*The physician and his practice: 1980-2000—Sixth Progress Report of the CMA Committee on the Role of Medicine in Society. Calif Med 116:71-95, Apr 1972.

ture and assignments, and criteria for evaluation —and the development of a long range planning process which offers great potential as an organizational tool.

Council Planning Workshops

Because the Council of the CMA is the group responsible for implementing policy set by the House of Delegates and dealing with the myriad interim problems that arise between annual meetings, Council members have felt that they need to set aside time for thoughtful, creative planning. Since 1968, the Council has held five "planning workshops," during which CMA's goals and objectives—both past and present—have had their genesis. Perhaps the extent of the Council's commitment to the planning process is best expressed by quoting a brief portion of its report to the 1972 House of Delegates:

> We believe that CMA's various programs must be subjected to intensive scrutiny from the standpoints of priority, current relevance, progress toward achievement and appropriate involvement at the proper membership level. Continual program analysis and performance review are mandatory to help us work more effectively on fewer and more significant tasks. If needs and problems determine organizational structure and not the reverse, we have a real chance to streamline the Association, focusing its activities on the most important and appropriate objectives.

Conclusion

The activities and accomplishments described in the first six chapters of this article testify to the goal-oriented growth which the California Medical Association is achieving. The thousands of physician-hours devoted to CMA programs are resulting in healthier, safer Californians and helping to keep our state one in which a physician can be proud to practice the art and science of medicine. And CMA's commitment to continuous organizational self-renewal through planning and evaluation assures that this medical association will meet future challenges with even more strength and determination.